

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/575981

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5		4				
6		1				
7			1			
8			1			
9			1			
10			1			
11				1		
12				1		
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50						
TOTAL IND.		↓	14	↓		↓
TOTAL DEP.		←	9	←		←
TOTAL CLAIMS			13			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						